

SPEAKER REQUEST			
REQUESTOR			
Full Name:		Date:	
Phone:	Fax:	Cell:	
Email Address:		DSN:	
Address:			
City:	State:	ZIP Code:	
SPONSORING ORGANIZATION			
*Government			
Organization/Agency:			
Government Email (.gov/.mil):			
*Cleared Contractor			
Company:			
CAGE Code:			
*Contractor			
Company:			
DUNS:		DODAAC:	
*Other means of verifying a Government affiliation:			
SUBJECT MATTER EXPERTISE/SPECIALIZED INSTRUCTION REQUIREMENT(S)			
Topic:			
Description:			
Objective:			
Topic:			
Description:			
Objective:			
EVENT INFORMATION			
Event:			
Start Date:		End Date:	
Date of Presentation:		Number of Attendees Expected:	
Other Information:			
Preferred Speaker by Name:			
SPEAKER EXPENSE REIMBURSEMENT AVAILABILITY			
Fee: YES _____ NO _____		Travel Expenses: YES _____ NO _____	
Comments:			

\*Please provide information for at least one of these to obtain Speaker referral.

Submit by: Email [security.awareness@dss.mil](mailto:security.awareness@dss.mil) or Fax (410) 865-3159

Contact the DSS/SETA Resource Center at [security.awareness@dss.mil](mailto:security.awareness@dss.mil) or 410-865-3121 for more information.